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Fax Transmission | March 21, 2005

TO: Commissioner for Patents
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Washington, D.C. 20231

FROM: Douglas P. Mueller

OUR REF: 10873.0533US01
TELEPHONE: (612) 332-5300

Total pages, including cover letter: 6

PTO FAX NUMBER: 703.872-9306

If you do NOT receive all of the pages, please telephone us at (612) 332-5300, or fax us at (612) 332-9081.

Title of Document Transmitted:

Request for Continued Examination,
Preliminary Amendment and a Petition for
Extension of Time

Applicant: Tagami, et al
Serial No.: 09/576,188
Filed: May 23, 2000
Group Art Unit: 2879
Our Ref. No.: 10873.0533US01

Please charge Deposit Account No. 13-2725 in the amount of \$790 for the RCE filing fee and \$120 for a one-month extension of time. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: [Signature]
Name: Douglas P. Mueller
Reg. No.: 30,300

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Peggy Kerkhove

[Signature]
Signature

GEN001.DOC

March 21, 2005

Date 03/24/2005 JROBERTS 00000005 132725 09576188

RCE Filed 3/15/04
PATENT APPLICATION FEE DETERMINATION RECORD
 Effective October 1, 2003

Application or Docket Number

91576188

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3/15/04

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		
	Independent		Minus		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

3/18/04

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	1	Minus	20	
	Independent	1	Minus	3	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

3/21/05

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	2	Minus	20	
	Independent	1	Minus	3	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

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